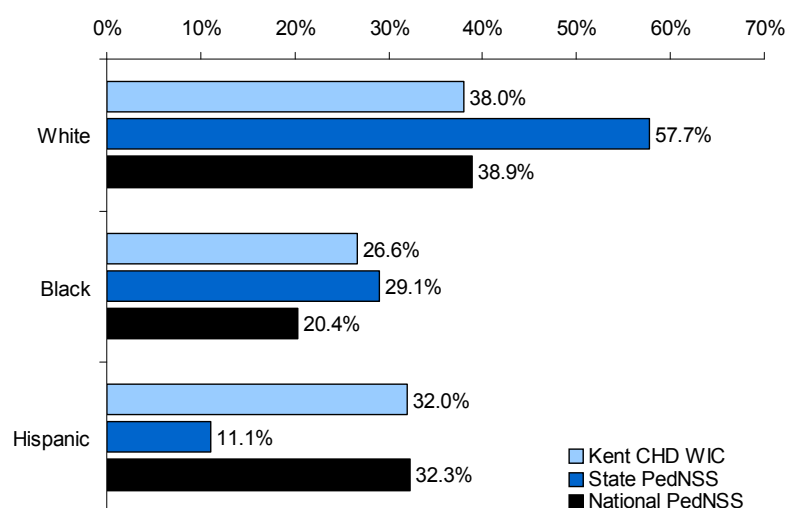


2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. Kent CHD WIC is the second largest WIC agency in Michigan. In 2003 it served 17,269 infants and children under the age of five years old (7.8% of the total number of infants and children served by Michigan WIC in 2003). According to the 2004 American Community Survey, conducted by the U.S. Census, approximately 7.8% of residents of Kent County were under the age of five years old. Among residents under five years of age 15.5%(90% CI:8.0%-20.7%) lived below poverty. In 2003, Kent County WIC served 17,269 of all infants and children participating in Michigan WIC. PedNSS statistics for the agency show:

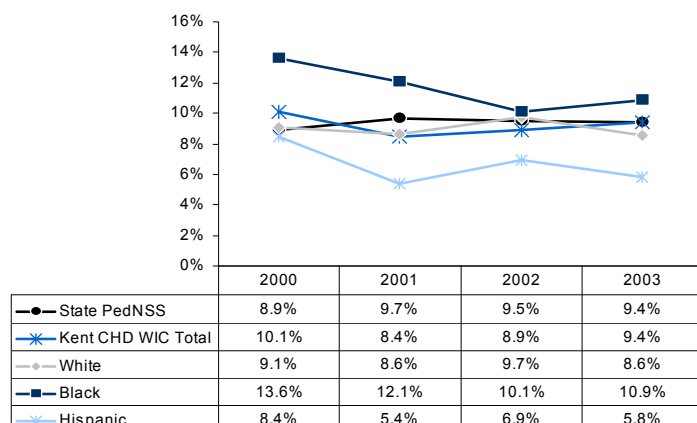
- The prevalence of low birthweight (LBW) is below that of the state and national PedNSS, 8.2% compared to 9.4% and 9.1%, respectively .
- Almost 10% of infants in Kent CHD WIC had a birthweight greater than 4000g (13lbs 8 oz).
- There was no difference in the prevalence of short stature between local and state PedNSS children under the age of two years old, and only one-fifth of a percentage point difference between children two to five years old.
- The prevalence of underweight is below 5% in Kent CHD WIC when stratified by either age or race/ethnicity.
- Hispanic participants in Kent CHD WIC have a prevalence of overweight and risk of overweight of 20%.
- Compared to state and national PedNSS participants, approximately one-third of Kent CHD WIC participants were reported having iron deficiency anemia.
- Nearly half of Black participants and 76% of Hispanic participants in Kent CHD WIC were reported being ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2003 PedNSS



The population of Kent CHD WIC, is almost equally divided between White, Black and Hispanic infants and children under the age of five.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Kent CHD WIC agency, 2000-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Between 2000 and 2003 the incidence of low birthweight among Black and Hispanic infants of Kent CHD WIC has declined by an average of 6.6% and 8.0% per year, respectively.

The prevalence of ever breastfed increased for the three largest racial/ethnic groups in Kent CHD WIC since 2000, particularly among Hispanic and infants. The average annual percent increase was 5.8% for Hispanic and 8.5% for Black participants.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Kent CHD WIC agency, 2000-2003 PedNSS

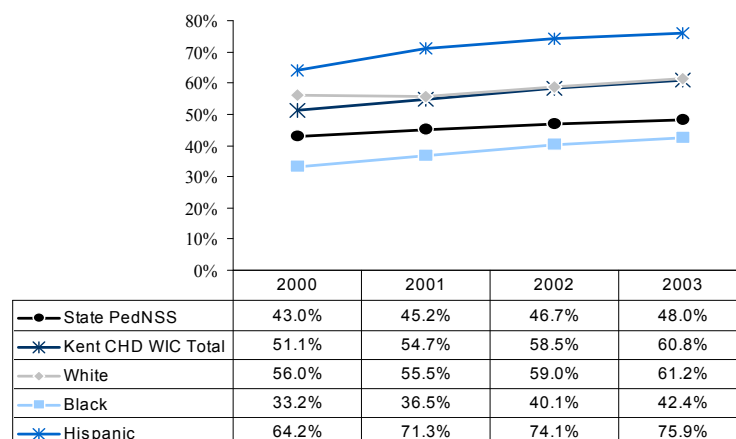
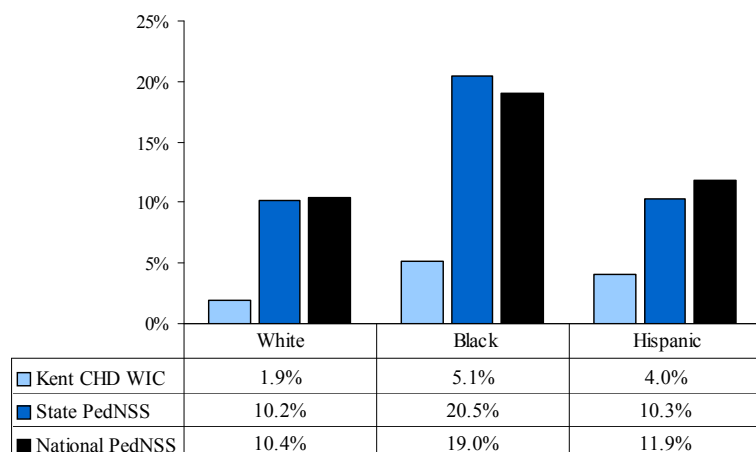


Figure 4. Prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2003 PedNSS

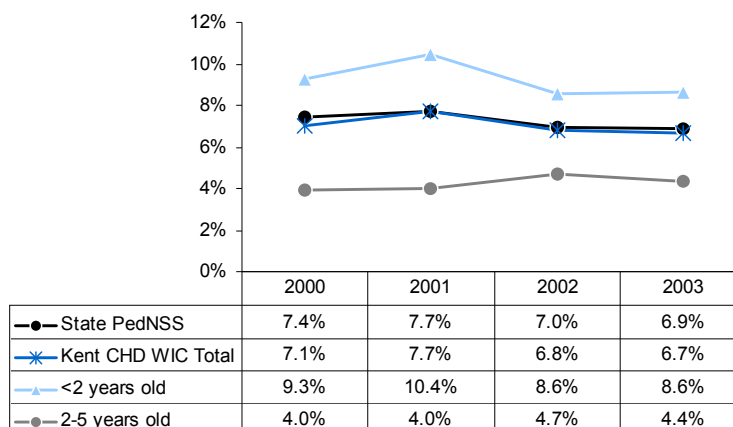


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

The prevalence of iron deficiency anemia is 2.5 to 5.5 times lower in Kent CHD WIC compared to state and national data when stratified by race/ethnicity. Also for all three populations, Black and Hispanic infants and children were disproportionately effected by iron deficiency anemia compared to White participants.

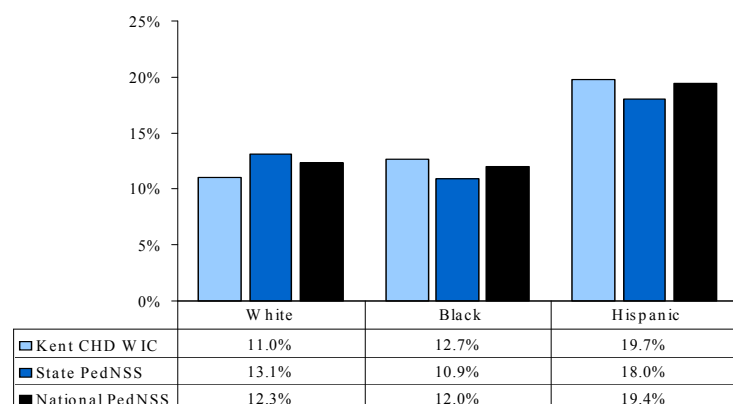
The decline in short stature in Kent CHD WIC mirrors that of Michigan WIC between 2001 and 2003. Also infants and children under the age of two in Kent CHD WIC were disproportionately effected by short stature.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 2000-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

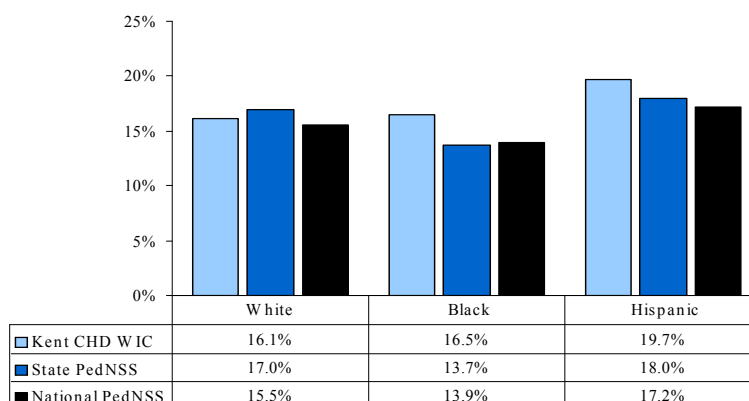
Figure 6. Prevalence of **overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS



Hispanic and Black children in Kent CHD WIC have a slightly higher prevalence of overweight compared to their peers at the state and national level.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

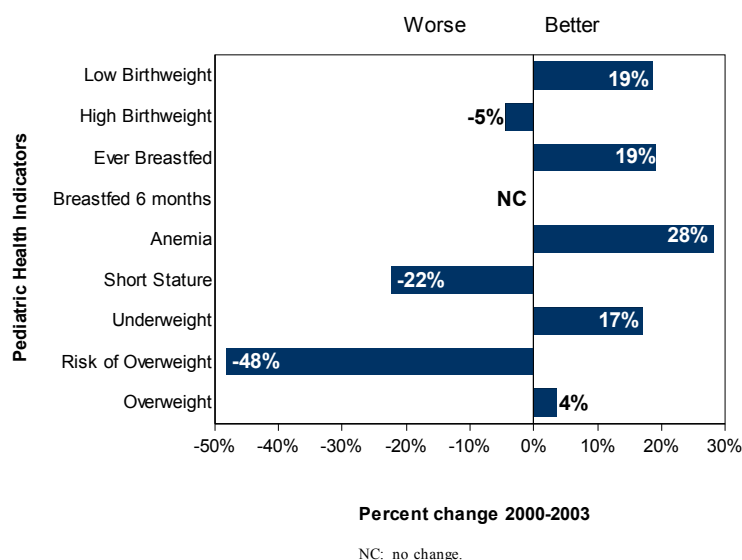
Figure 7. Prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Just as in overweight, Hispanic and Black children two to five years old have a slightly higher prevalence of risk of overweight compared to their peers at the state and national level.

Figure 8. Pediatric **health progress review** for Kent CHD WIC infants and children two to five years old, 2000 and 2003 MI PedNSS



Incidences and prevalences of low birthweight, ever breastfed, iron deficiency anemia, and underweight have improved in Kent County WIC since 2000. While the prevalence of overweight has decreased the prevalence of risk of overweight has increased by almost 50%.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.